


**2005 FOR PROFIT CORPORATION,  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000091643</b> 1. Entity Name <b>TWO GUYS CONCRETE SERVICES, INC.</b>														
Principal Place of Business <b>455 S W 60 AVE FORT LAUDERDALE, FL 33317</b>	Mailing Address <b>455 S W 60 AVE FORT LAUDERDALE, FL 33317</b>													
<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  <b>GOLDMAN, GARY B 2630 N.E. 203RD ST. SUITE 103 NORTH MIAMI BEACH, FL 33180</b>		<b>DO NOT WRITE IN THIS SPACE</b>												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> _____ DATE _____														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><b>P MARENGO, MICHAEL 455 S W 60 AVE PLANTATION, FL 33317</b></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MARENGO, MICHAEL 455 S W 60 AVE PLANTATION, FL 33317</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.  <b>SIGNATURE:</b> <u>Michael Marengo</u> <u>Michael Marengo</u> <u>4/13/05</u> <u>954 325 0995</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>														



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0543143</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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04/15/05-80088-007 150.00